



**Franciscan Health Michigan City
Medical Staff Memorial Scholarship**
In memory of Michigan City's Medical Staff Members

PURPOSE:

Inspired by the life and career of Dr. Ikeadi Maurice Ndukwu, to honor the memories and continue the legacies of the many doctors who gave years of service to our community. Franciscan Health Michigan City's Medical Staff has established the Medical Staff Memorial Scholarship (the "Scholarship") to provide scholarship assistance to La Porte County high school seniors pursuing a healthcare career. It is our hope scholarship recipients will someday return and work alongside us serving the health care needs of our great city and county.

The Medical Staff Memorial Scholarship Committee (the "Committee") may award up to \$5,000 per year.

SELECTION PROCESS:

1. All Scholarship candidates must meet the following criteria to be eligible:
 - a. United States citizen
 - b. High school senior in La Porte County
 - c. Resident of La Porte County
 - d. 3.0 GPA or higher
 - e. Provide the student's most recent high school transcript. Standardized test scores: SAT, ACT, etc. can be submitted but are not required.
 - f. Provide a fully completed application to the Committee
 - g. Provide two (2) letters of recommendation
2. The Committee will begin accepting applications January 2026.
3. In order to be considered for the Scholarship, candidates must submit their completed application including transcripts, letters of recommendation, and any other supporting documentation required by the application on or before March 17, 2026 ("Due Date"), as indicated by post mark, to the Committee at the address below.

Franciscan Health Michigan City
c/o Medical Staff Memorial Scholarship – MSO
3500 Franciscan Way
Michigan City, IN 46360

APPLICATION CHECK OFF LIST: A complete application consists of:

- ☐ Part 1 Candidate's demographics
- ☐ Part 2 Candidate's financial information
- ☐ Part 3 Candidate's student information
- ☐ Part 4 Answered essay questions
- ☐ Part 5 Two (2) letters of recommendation
- ☐ Part 6 Candidate's high school transcript

If you are selected as a candidate, you will be notified by the Committee using your demographic information provided in your application. Interviews will be held for selected candidates April 2026.

Franciscan Health Michigan City Medical Staff Memorial Scholarship Application

PART ONE (Candidate's Demographics):

Please use additional paper to answer questions if needed.

Last Name: _____ First Name: _____

Please Check: ☐ Male ☐ Female

Street Address: _____ Apt. #: _____

City: _____ Phone#: _____

E-mail Address: _____

Lives with: _____

PART TWO (Candidate's Financial Information):

You are required to complete the Federal Student Aid Estimator and provide your Expected Family Contribution (EFC) before submitting your application. The Estimator is available here:

<https://studentaid.gov/aid-estimator/>.

Please use tax information from 2025 when completing the form. There is no cost to complete it.

Before exiting the results page, select the option to "Print or Download PDF" or take a screenshot of the page that includes the Estimated EFC. Please include this with the application.

PART THREE (Candidate's Student Information):

Please use additional paper to answer questions if needed.

Name of High School: _____

Street Address: _____

City: _____ Graduation Date: _____ Type of Diploma: _____

Extra-Curricular Activities During High School: _____

Volunteer Service for School or Community: _____

Any Paid Work Experience: _____

Advanced Placement Courses: _____

Honors-Level Courses: _____

Dual-Credit College/University Courses: _____

Anticipated Major Area of Study : _____

Alternate Major Areas of Study: _____

High School Contact Name: _____

Contact's Title: _____ Office Phone #: _____

Contact's E-mail: _____

First Choice College, University or Training Program : _____

College Application Status: _____

PART FOUR (Essay Questions):

Please attach a separate letter providing the following information in 500 words or less:

1. Explain why you are interested in pursuing a career in healthcare.
2. What about your life or experiences would you like the Committee to know? Please include any information the Committee might find helpful in understanding your personal situation and financial needs.
3. What would you like the Committee to know about you that you were not able to communicate in the application? Examples include special skills, strengths, talents, etc.

PART FIVE (Letters of Recommendation):

Please complete this section and forward the attached Letter of Recommendation Form to the individuals listed below who are familiar with your professional and/or education history. Ask each individual to enclose the Letter of Recommendation Form and any additional documents in an addressed envelope you have provided and mail it directly to: Franciscan Health Michigan City, c/o Franciscan Health Michigan City Medical Staff Memorial Scholarship – MSO, 3500 Franciscan Way, Michigan City, IN 46360. The Letter of Recommendation Form and any additional documents may be Faxed to the Medical Staff Office c/o Medical Staff Memorial Scholarship – MSO at 1-219-877-2000.

<p>List 2 references who are familiar with your professional and/or educational work.</p> <ul style="list-style-type: none">• Ask these individuals to use the Letter of Recommendation Form included with this application packet (separate letter may be attached to form)• Mail and post marked on or before Due Date <p>Franciscan Health Michigan City c/o Medical Staff Memorial Scholarship – MSO 3500 Franciscan Way Michigan City, IN 46360.</p>	1	Name _____ Address _____ _____
	2	Name _____ Address _____ _____

PART SIX (High School Transcript):

Please attach your most recent official high school transcript.

Waiver and Release of Liability:

By submitting this application, candidate agrees on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns (or if the candidate is a minor, the candidate's parent/legal guardian) agrees to release and hold harmless the Committee, Franciscan Health Michigan City Medical Staff, Franciscan Health Michigan City, Franciscan Alliance, Inc., and all past and present owners, officers, directors, insurers, employees, representatives, successors, assigns, affiliated entities, groups and divisions of the aforementioned (collectively herein the "Released Parties") from any and all claims or causes of action (known or unknown) arising from or in connection with the Scholarship, the award of the Scholarship, or the Scholarship application process. In no event will the Released Parties be liable for any incidental, consequential, special, or indirect damages.

Attestation: Candidate's, or parent/legal guardian's signature, if candidate is a minor, is required below. Without candidate's or parent/legal guardian's signature, this application is incomplete and will be rejected by the Committee.

I, candidate or candidate's parent/legal guardian certify that all of the information provided in this application is true, complete, and accurate, and that all statements and essays are candidate's own work. A Scholarship award from Committee may be denied or revoked if any information contained herein is found to be inaccurate. Should candidate receive a Scholarship, candidate or candidate's parent/legal guardian(s) give permission to Committee to utilize candidate's name, likeness, and award amount in any publicity or marketing materials.

Acknowledged and Agreed:

(Candidate's Signature)

(Date)

To be signed by parent/legal guardian(s) if the candidate is under 18 years of age.

(Parent/Legal Guardian's Signature)

(Date)

(Parent/Legal Guardian's Printed Name)

(Parent/Legal Guardian's Signature)

(Date)

(Parent/Legal Guardian's Printed Name)

LETTER OF RECOMMENDATION FORM

(Scholarship Candidate's Name)

Instructions:

The Michigan City Medical Staff Memorial Scholarship Committee ("Committee") would appreciate you writing us, as fully as you can, stating how well and in what capacity you have known the Scholarship Candidate named above. Please frankly note deficiencies as well as merits. We would particularly appreciate your evaluation of the applicant's suitability for a career in healthcare.

Please answer all of the questions below and mail this completed form and any additional documents back to the Committee at the address below or Fax to the Medical Staff Office at 1-219-877-2000. A recommendation letter may be substituted for this form. However, all questions below must be answered in your recommendation letter. Recommendation forms and recommendation letters must be received on or before March 1, 2026.

Mail to: Franciscan Health Michigan City
c/o Medical Staff Memorial Scholarship - MSO
3500 Franciscan Way
Michigan City, IN 46360

Recommendation: (The questions below may be answered or supplemented through separate document(s) attached to this form)

1. How long have you known the applicant and in what connection?

2. What do you see as being the applicant's strengths and talents?

3. What do you see as being the applicant's weaknesses and deficiencies?

4. Please make any additional comments about the applicant that should be taken into consideration by the Scholarship Board.

Recommendation written by: _____ Date: _____
(Signature)

Printed Name: _____

Phone Number: _____

Address: _____